

U.S. APPLICATION NO. (IF KNOWN, SEE 10/088618)	INTERNATIONAL APPLICATION NO. PCT/EP 01/08285	ATTORNEY'S DOCKET NUMBER 2088
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20. The following fees are submitted:				CALCULATIONS PTO USE ONLY	
BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)) :					
<input type="checkbox"/> Search Report has been prepared by the EPO or JPO \$930.00					
<input type="checkbox"/> International preliminary examination fee paid to USPTO (37 CFR 1.482) \$720.00					
<input type="checkbox"/> No international preliminary examination fee paid to USPTO (37 CFR 1.482) but international search fee paid to USPTO (37 CFR 1.445(a)(2)) \$790.00					
<input checked="" type="checkbox"/> Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO \$1,070.00					
<input type="checkbox"/> International preliminary examination fee paid to USPTO (37 CFR 1.482) and all claims satisfied provisions of PCT Article 33(2)-(4) \$98.00					
ENTER APPROPRIATE BASIC FEE AMOUNT =				\$890.00	
Surcharge of \$130.00 for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492 (e)). <input type="checkbox"/> 20 <input type="checkbox"/> 30				\$0.00	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE		
Total claims	8 - 20 =	0	x \$18.00	\$0.00	
Independent claims	1 - 3 =	0	x \$80.00	\$0.00	
Multiple Dependent Claims (check if applicable). <input type="checkbox"/>				\$0.00	
TOTAL OF ABOVE CALCULATIONS =				\$890.00	
Reduction of 1/2 for filing by small entity, if applicable. Verified Small Entity Statement must also be filed (Note 37 CFR 1.9, 1.27, 1.28) (check if applicable). <input type="checkbox"/>				\$0.00	
SUBTOTAL =				\$890.00	
Processing fee of \$130.00 for furnishing the English translation later than months from the earliest claimed priority date (37 CFR 1.492 (f)). <input type="checkbox"/> 20 <input type="checkbox"/> 30				\$0.00	
TOTAL NATIONAL FEE =				\$890.00	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable). <input type="checkbox"/>				\$0.00	
TOTAL FEES ENCLOSED =				\$890.00	
				Amount to be: refunded	\$
				charged	\$

- ☐ A check in the amount of _____ to cover the above fees is enclosed.
- ☒ Please charge my Deposit Account No. **19-4675** in the amount of **\$890.00** to cover the above fees.
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. **19-4675** A duplicate copy of this sheet is enclosed.

NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.

SEND ALL CORRESPONDENCE TO:

**STRIKER, STRIKER & STENBY
103 EAST NECK ROAD
HUNTINGTON, NEW YORK 11743**

SIGNATURE

MICHAEL J. STRIKER

NAME

27233

REGISTRATION NUMBER

MARCH 19, 2002

DATE